

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 4250  
Primary Registration District No. 3022

File No. 33473  
Registered No. 85  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 122-2nd St. Ward \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Knapp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1 - 1865</u>		
7. AGE <u>68</u>	YEARS <u>8</u>	MONTHS <u>25</u>
		DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calavale Mo.</u>		
FATHER	13. NAME <u>Wm J. Knapp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
	15. MAIDEN NAME <u>Ernestine Pfister</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saxon Germany</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Marie Knapp</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Oct 28, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. J. B. Dietrich</u>		
20. FILED <u>Oct 28, 1933</u> <u>5 L. Rausley</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Oct 26, 1933

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis  
72-A (9:45 AM)  
74-A  
Other contributory causes of importance:  
Valvular Heart Disease

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) H. H. Tappan, M. D.  
(Address) St. Louis Mo.

